


SEE REVERSE OF FORM FOR INSTRUCTIONS
SUBMIT ORIGINAL AND TWO COPIES TO:

STATE CONTROLLER'S OFFICE
DIVISION OF DISBURSEMENTS
3301 C STREET
P.O. BOX 942850
SACRAMENTO, CA 94250-0001

PAGE	OF
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TAX YEAR	AGENCY/CAMPUS NAME
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SOCIAL SECURITY NUMBER (1)	EMPLOYEE'S NAME (2)	AGENCY (3)	UNIT (4)	PAY PERIOD (5)		TAXABLE GROSS (6)	FEDERAL INCOME TAX (7)	ST CD (8)	STATE INCOME TAX (9)	ISSUE DATE (10)			NON-TAXABLE GROSS (11)
				MO.	YR.					MO.	DY.	YR.	
<i>I certify that I am duly authorized by the herein named state agency to make this report and certification, that data stated herein is correct, complete and in accordance with all laws and regulations.</i>				TOTALS									
REPORTING OFFICER'S SIGNATURE				DATE SIGNED		NAME OF INDIVIDUAL COMPLETING THIS FORM (Print or type)				TELEPHONE NUMBER OF INDIVIDUAL COMPLETING FORM			
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SUPPLEMENTARY WAGE DEDUCTIONS

STD. 675 (REV 9-97) (REVERSE)

FOR COMPLETION INSTRUCTIONS REFER TO PPM SECTION I 162

PAGE/OF--must be completed (e.g. 1 of 5).

TAX YEAR--must be completed and must match the year in the issue date (Item 10).

AGENCY/CAMPUS --self explanatory.

ITEM 1 -- Enter the employee's Social Security Number

ITEM 2 -- Enter the employee's first/middle initials and surname.

ITEM 3 -- Enter the three-digit agency code.

ITEM 4 -- Enter the three-digit unit number.

ITEM 5 -- Enter appropriate pay period in which the Moving Expense amounts were paid or incurred.

ITEM 6 -- Enter amount of non-qualified Moving Expense (taxable income) per PPM Section I143.2.

ITEM 7 -- Enter Federal income tax remitted per PPM Section H100.

ITEM 8 -- Enter appropriate State Code as follows (PPM Section B013):

CA -- California

NY -- New York

IL -- Illinois

BLANK -- All Others

ITEM 9 -- Enter the State income tax remitted per PPM Section H100

ITEM 10 -- Enter the issue date of the benefit payment or value. Issue date is defined as the last day of the pay period in which payments were issued to the employee.

ITEM 11 -- Enter the amount of qualified Moving Expense (non-taxable income) per PPM Section I143.2.